

health care as possible—including mental health care. I hope that the House and Senate can resolve differences in the final legislation that will not harm local hospitals, yet pay for the benefits without increasing the Federal deficit.

For me, the bottom line is this: mental health parity should have existed from the onset of our modern health insurance system. Mental wellness is just as important as physical wellness. The two are the foundation for a life of wholeness and satisfaction.

Again, I thank my colleagues, stakeholder groups, and members of the Other Body for their hard work on such a critical issue.

Mr. TANNER. Mr. Speaker, I rise today to express my concern with one of the proposals being used to fund this legislation. I agree that improving coverage of mental health services is a laudable goal, and long over due, I might add. However, the proposal to help fund this increased coverage through increasing the Medicaid drug rebate is troubling to me. Drug companies already provide deep discounts to Federal and State governments for the prescription drugs covered by the Medicaid program. This legislation calls for a 33 percent increase in that rebate. I hope that a substantial increase in the rebate will not have a chilling effect on research and development for the next generation of treatments for those very patients with mental health conditions we are trying to help today.

As everyone knows, I am a strong supporter of pay go provisions. So I want to commend our leadership for their efforts to continue to address these funding issues. The other funding provision being used for the improved coverage in this bill is designed to ensure that any potential conflict of interest created by physician ownership interests in specialty hospitals is limited. I think this provision goes a long way toward creating a more equitable situation for all hospitals.

I plan to support final passage of this legislation. However, I hope that we can work together as this process goes forward to negotiate a conference agreement that offers a more balanced approach.

Mr. DINGELL. Mr. Speaker, today we are voting on the passage of H.R. 1424, the "Paul Wellstone Mental Health and Addiction Equity Act of 2007", which will permanently reauthorize and improve the Mental Health Parity Act of 1996. I commend my distinguished colleagues, Representatives KENNEDY and RAMSTAD, for their efforts in crafting this important piece of legislation.

H.R. 1424 will create true parity of coverage for mental health and substance abuse disorders. It will ensure that healthcare plans that provide mental health coverage do not charge higher co-payments, coinsurance, or deductibles for mental health or substance abuse care. It will also ensure that care for mental health and addiction disorders is no more restrictive than medical or surgical care.

Mental illness and addiction disorders have long been recognized by the healthcare community as actual and legitimate health afflictions which may have a significant affect on an individual's life and well-being. It has long been accepted that these afflictions deserve treatment by professionally trained healthcare providers.

As I think of all of the different diseases and afflictions recognized by our scientific and healthcare communities, I struggle to find a

reason why someone who has healthcare coverage should confront discriminatory barriers to treatment simply because of the nature of the disease. Mental health and addiction disorders can be just as painful and debilitating as medical and surgical disorders. The strains of these illnesses affect individuals, families, and society as a whole.

I urge my colleagues to vote to pass H.R. 1424 to achieve comprehensive mental health and substance abuse parity.

Mrs. JONES of Ohio. Mr. Speaker, today I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. I am honored to support one of the many noble causes of the late Senator Paul Wellstone and strongly believe that this bill will address and improve our Nation's need for enhanced mental health services.

The plight of families suffering from mental illness is immense due to an absence of adequate social services and the unwarranted stigma surrounding mental health issues. Due to the unwarranted social stigma and a systemic failure to ensure health care coverage, over two-thirds of the people who suffer from mental illness go untreated according to the Department of Health and Human Services. Within minority communities, even greater needs exist for mental health services.

According to the National Institute on Mental Health, 20 percent of our children and 26.2 percent of American adults suffer from a diagnosable mental disorder in a given year. As the leading cause of disability in the U.S., many people suffer from more than one mental disorder at a given time. Thus, the need for mental health services is immense, and we cannot allow discriminatory practices by insurance companies to be an impediment to accessing available services.

Last year, I introduced H. Con. Res. 86 to express the sense of Congress that an appropriate month should be recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was a premier journalist who, before her untimely death, authored a children's book titled, *Sometimes My Mommy Gets Angry*, winner of the National Alliance for the Mentally Ill Outstanding Literature Award. Through this story of how a little girl copes with being reared by her mentally ill mother, Moore Campbell was able to raise public awareness of mental health issues and heighten the consciousness of this topic within minority communities.

In conclusion, I would like to affirm my support for H.R. 1424. This legislation is necessary to assist families who are struggling through the effects of mental illness and will contribute greatly to our Nation's overall wellness.

Mr. MORAN of Virginia. Mr. Speaker, I rise today in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. I want to congratulate Congressmen KENNEDY and RAMSTAD for their excellent work on this bill. Their effort to secure parity for all Americans suffering from mental health conditions has truly been an historic one, and I am proud to stand here today and support the House's comprehensive mental health parity bill.

Mental health conditions are the leading cause of disability for Americans aged 15–44, and are implicated in 90 percent of the more than 30,000 suicides that occur here annually.

Productivity loss due to depression costs employers an additional \$31 billion per year before disability claims are even taken into account. Every day, patients suffering from these debilitating conditions are denied treatment by insurers who do not provide mental health coverage—patients who could be treated safely and effectively thanks to new advances in medicine.

Mental illness is, according to nearly all medical experts, a biologically-based illness just like getting cancer, or diabetes, or the flu. But in addition to the horrendous costs that untreated and unchecked mental illness imposes on patients and society as a whole, failure to provide parity in coverage for mental illness stigmatizes patients suffering from mental health conditions and decreases the likelihood that they will seek treatment that could aid their suffering and enable them to be more productive members of society. This unjust stigmatization has no biological or medical basis, and yet it threatens promising American lives every day. We do not blame cancer patients for having cancer—why should we treat patients suffering from mental health conditions any differently?

H.R. 1424 is a comprehensive mental health parity bill that will ensure access to vitally needed treatment for countless Americans currently suffering from mental health conditions. Again, I applaud my good friends on their efforts on this bill, and I am proud to support this historic legislation here today.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired. Pursuant to House Resolution 1014, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. HOEKSTRA

Mr. HOEKSTRA. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. HOEKSTRA. Yes, in its present form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

Mr. PALLONE. Mr. Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Hoekstra of Michigan moves to recommit the bill, H.R. 1424, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the text of the bill H.R. 3773 as passed by the Senate on February 12, 2008.

The SPEAKER pro tempore. Does the gentleman from New Jersey continue to reserve his point of order?

Mr. PALLONE. Yes, I continue to reserve my point of order.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes to speak in support of his motion.